

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS

In Re:	No. 16-7177
Ruth Groark,	Judge Cox
	Motion date: 5/24/2021
Debtor	Trustee: Marilyn Marshall

**MOTION FOR ENTRY OF DISCHARGE**

Now comes Debtor, by and through her attorney, Loretta Kilday, and moves this court for entry of an order of discharge, and in support of this motion, states as follows:

1. Debtor filed her petition under 11 U.S.C. on March 1, 2016.
2. The plan was confirmed August 29, 2016.
3. The deadline for objection to dischargeability was June 6, 2016. No objections were filed to dischargeability.
4. No adversary proceedings have been filed.
5. Debtor has made all plan payments. Debtor attempted to send the Trustee's office a copy of her 2019 tax return.
6. The Trustee's office emailed Debtor's Attorney to upload the Debtor's 2019 tax return and sent a link with login name and password, but the login failed. A copy of Debtor's 2019 state and federal tax returns are attached hereto as Exhibit A.

WHEREFORE, Debtor prays the court enter a discharge order.

/s/ Loretta Kilday  
Loretta Kilday, #6187301  
Attorney for Debtor  
3320 West Foster, #171  
Chicago, IL 60625  
224-216-0103  
Kilday.loretta@outlook.com

Form **1040**

Department of the Treasury—Internal Revenue Service

(99)

**U.S. Individual Income Tax Return****2019**

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

**Filing Status**
☒ Single    ☐ Married filing jointly    ☐ Married filing separately (MFS)    ☐ Head of household (HOH)    ☐ Qualifying widow(er) (QW)

Check only one box.

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ►

Your first name and middle initial Ruth K		Last name Groark	Your social security number <del>XXXXXXXXXX</del>
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 4211 W 82nd St			Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Chicago IL 60652-2226			<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code	
			If more than four dependents, see instructions and ✓ here ► <input type="checkbox"/>

**Standard Deduction**
**Someone can claim:**    ☐ You as a dependent    ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien
**Age/Blindness**
**You:**    ☐ Were born before January 2, 1955    ☐ Are blind    **Spouse:**    ☐ Was born before January 2, 1955    ☐ Is blind
**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Standard Deduction for—**  
 • Single or Married filing separately, \$12,200  
 • Married filing jointly or Qualifying widow(er), \$24,400  
 • Head of household, \$18,350  
 • If you checked any box under **Standard Deduction**, see instructions.

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	28,348.
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	
<b>4a</b> IRA distributions . . . . .	<b>4a</b>	
<b>c</b> Pensions and annuities . . . . .	<b>4c</b>	
<b>5a</b> Social security benefits . . . . .	<b>5a</b>	
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .	<b>6</b>	
<b>7a</b> Other income from Schedule 1, line 9 . . . . .	<b>7a</b>	0.
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . .	<b>7b</b>	28,348.
<b>8a</b> Adjustments to income from Schedule 1, line 22 . . . . .	<b>8a</b>	
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .	<b>8b</b>	28,348.
<b>9</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>9</b>	12,200.
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>10</b>	
<b>11a</b> Add lines 9 and 10 . . . . .	<b>11a</b>	12,200.
<b>b</b> <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .	<b>11b</b>	16,148.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2019)

EXHIBIT A



12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	1,741.
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	1,741.
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	200.
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	1,541.
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.
16	Add lines 14 and 15. This is your <b>total tax</b>	16	1,541.
17	Federal income tax withheld from Forms W-2 and 1099	17	2,748.
18	Other payments and refundable credits:		
a	Earned income credit (EIC) No	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>	18e	
19	Add lines 17 and 18e. These are your <b>total payments</b>	19	2,748.

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

### Refund

Direct deposit?  
See instructions.

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>	20	1,207.
21a	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	21a	1,207.
b	Routing number 0710125661	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number 71100049418		
22	Amount of line 20 you want <b>applied to your 2020 estimated tax</b>	22	

### Amount You Owe

23	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions	23	
24	Estimated tax penalty (see instructions)	24	

### Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ Yes. Complete below. ☒ No

Designee's name	Phone no.	Personal identification number (PIN)

### Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		retail	
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

### Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name	Self-Prepared		Phone no.	
Firm's address			Firm's EIN	

**SCHEDULE 3**  
(Form 1040 or 1040-SR)Department of the Treasury  
Internal Revenue Service**Additional Credits and Payments**▶ Attach to Form 1040 or 1040-SR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040 or 1040-SR

Ruth K Groark

Your social security number

~~123-45-6789~~**Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required . . . . .	1	
2	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	2	
3	Education credits from Form 8863, line 19 . . . . .	3	
4	Retirement savings contributions credit. Attach Form 8880 . . . . .	4	200.
5	Residential energy credits. Attach Form 5695 . . . . .	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> . . . . .	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b . . . . .	7	200.

**Part II Other Payments and Refundable Credits**

8	2019 estimated tax payments and amount applied from 2018 return . . . . .	8	
9	Net premium tax credit. Attach Form 8962 . . . . .	9	
10	Amount paid with request for extension to file (see instructions) . . . . .	10	
11	Excess social security and tier 1 RRTA tax withheld . . . . .	11	
12	Credit for federal tax on fuels. Attach Form 4136 . . . . .	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> . . . . .	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d . . . . .	14	

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 03/08/20 Intuit.cjg.cfp.sp

Schedule 3 (Form 1040 or 1040-SR) 2019



Form **8880****Credit for Qualified Retirement Savings Contributions**

OMB No. 1545-0074

**2019**Attachment  
Sequence No. **54**Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to [www.irs.gov/Form8880](http://www.irs.gov/Form8880) for the latest information.

Name(s) shown on return

Ruth K Groark

Your social security number

**You cannot take this credit if either of the following applies.**

- The amount on Form 1040 or 1040-SR, line 8b; or Form 1040-NR, line 35, is more than \$32,000 (\$48,000 if head of household; \$64,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2002; (b) is claimed as a dependent on someone else's 2019 tax return; or (c) was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2019. **Do not** include rollover contributions . . . . .
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2019 (see instructions) . . . . .
- Add lines 1 and 2 . . . . .
- Certain distributions received **after** 2016 and **before** the due date (including extensions) of your 2019 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception . . . . .
- Subtract line 4 from line 3. If zero or less, enter -0- . . . . .
- In each column, enter the **smaller** of line 5 or \$2,000 . . . . .
- Add the amounts on line 6. If zero, **stop**; you can't take this credit . . . . .
- Enter the amount from Form 1040 or 1040-SR, line 8b,\* or Form 1040-NR, line 35 . . . . .
- Enter the applicable decimal amount from the table below.

	(a) You	(b) Your spouse
<b>1</b>		
<b>2</b>	4,018.	
<b>3</b>	4,018.	
<b>4</b>		
<b>5</b>	4,018.	
<b>6</b>	2,000.	
<b>7</b>		2,000.
<b>8</b>	28,348.	

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
Enter on line 9—				
---	\$19,250	0.5	0.5	0.5
\$19,250	\$20,750	0.5	0.5	0.2
\$20,750	\$28,875	0.5	0.5	0.1
\$28,875	\$31,125	0.5	0.2	0.1
\$31,125	\$32,000	0.5	0.1	0.1
\$32,000	\$38,500	0.5	0.1	0.0
\$38,500	\$41,500	0.2	0.1	0.0
\$41,500	\$48,000	0.1	0.1	0.0
\$48,000	\$64,000	0.1	0.0	0.0
\$64,000	---	0.0	0.0	0.0

**Note:** If line 9 is zero, **stop**; you can't take this credit.

- Multiply line 7 by line 9 . . . . .
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions . . . . .
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040 or 1040-SR), line 4; or Form 1040-NR, line 48 . . . . .

<b>9</b>	x 0 .1
<b>10</b>	200.
<b>11</b>	1,741.
<b>12</b>	200.

\* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

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Form **8880** (2019)





Illinois Department of Revenue

## 2019 Form IL-1040

Individual Income Tax Return

or for fiscal year ending \_\_\_\_/\_\_\_\_/\_\_\_\_

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

## Step 1: Personal Information

A

1959

Ruth K

Groark

4211 W 82nd St

Chicago

IL 606522226 COOK



- B Filing status: ☒ Single ☐ Married filing jointly ☐ Married filing separately ☐ Widowed ☐ Head of household  
 C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. ☐ You ☐ Spouse  
 D Check the box if this applies to you during 2019: ☐ Nonresident - Attach Sch. NR ☐ Part-year resident - Attach Sch. NR

## Step 2: Income

(Whole dollars only)

- 1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 8b. 1 28,348.00  
 2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a. 2 .00  
 3 Other additions. Attach Schedule M. 3 .00  
 4 Total income. Add Lines 1 through 3. 4 28,348.00

## Step 3: Base Income

- 5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return. 5 .00  
 6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1. 6 .00  
 7 Other subtractions. Attach Schedule M. 7 .00  
 Check if Line 7 includes any amount from Schedule 1299-C. ☐  
 8 Add Lines 5, 6, and 7. This is the total of your subtractions. 8 .00  
 9 Illinois base income. Subtract Line 8 from Line 4. 9 28,348.00

## Step 4: Exemptions

- 10 a Enter the exemption amount for yourself and your spouse. See instructions. a 2,275.00  
 b Check if 65 or older: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = b .00  
 c Check if legally blind: ☐ You + ☐ Spouse # of checkboxes X \$1,000 = c .00  
 d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. d 0.00  
 Attach Schedule IL-E/EIC.  
 Exemption allowance. Add Lines a through d. 10 2,275.00

## Step 5: Net Income and Tax

- 11 Residents: Net income. Subtract Line 10 from Line 9. 11 26,073.00  
 Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR. 11 26,073.00  
 12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. 12 1,291.00  
 Nonresidents and part-year residents: Enter the tax from Schedule NR. 12 1,291.00  
 13 Recapture of investment tax credits. Attach Schedule 4255. 13 .00  
 14 Income tax. Add Lines 12 and 13. Cannot be less than zero. 14 1,291.00

## Step 6: Tax After Nonrefundable Credits

- 15 Income tax paid to another state while an Illinois resident. Attach Schedule CR. 15 .00  
 16 Property tax and K-12 education expense credit amount from Schedule ICR. 16 .00  
 Attach Schedule ICR. 16 .00  
 17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C. 17 .00  
 18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14. 18 0.00  
 19 Tax after nonrefundable credits. Subtract Line 18 from Line 14. 19 1,291.00

## Step 7: Other Taxes

- 20 Household employment tax. See instructions. 20 .00  
 21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank. 21 0.00  
 22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges. 22 .00  
 23 Total Tax. Add Lines 19, 20, 21, and 22. 23 1,291.00

IL-1040 2D Front (R-12/19)

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.



Staple W-2 and 1099 forms here.

Staple your check and IL-1040-V



24 Total tax from Page 1, Line 23.

24 1,291.00

**Step 8: Payments and Refundable Credit**25 Illinois Income Tax withheld. **Attach** Schedule IL-WIT.

25 1,403.00

26 Estimated payments from Forms IL-1040-ES and IL-505-I, including any overpayment applied from a prior year return.

26 .00

27 Pass-through withholding. **Attach** Schedule K-1-P or K-1-T.

27 .00

28 Earned Income Credit from Schedule IL-E/EIC, Step 4, Line 8. **Attach** Schedule IL-E/EIC.

28 .00

29 Total payments and refundable credit. Add Lines 25 through 28.

29 1,403.00

**Step 9: Total**

30 If Line 29 is greater than Line 24, subtract Line 24 from Line 29.

30 112.00

31 If Line 24 is greater than Line 29, subtract Line 29 from Line 24.

31 .00

**Step 10: Underpayment of Estimated Tax Penalty and Donations - Only complete Step 10 for late-payment penalty for underpayment of estimated tax or to make a voluntary charitable donation.**

32 Late-payment penalty for underpayment of estimated tax.

32 .00

a ☐ Check if at least two-thirds of your federal gross income is from farming.b ☐ Check if you or your spouse are 65 or older and permanently living in a nursing home.c ☐ Check if your income was not received evenly during the year and you annualized your income on Form IL-2210.**Attach** Form IL-2210.d ☐ Check if you were not required to file an Illinois Individual Income Tax return in the previous tax year.33 Voluntary charitable donations. **Attach** Schedule G.

33 .00

34 Total penalty and donations. Add Lines 32 and 33.

34 .00

**Step 11: Refund**

35 If you have an amount on Line 30 and this amount is greater than Line 34, subtract Line 34 from Line 30.

This is your **overpayment**.

35 112.00

36 Amount from Line 35 you want **refunded to you**. Check **one** box on Line 37. See instructions.

36 112.00

37 I choose to receive my refund by

a ☒ **direct deposit** - Complete the information below if you check this box.

Routing number 071025661 ☒ Checking or ☐ Savings

Account number 7110049418

b ☐ **Illinois Individual Income Tax refund debit card**. I acknowledge I have reviewed the card information found at <http://tax.illinois.gov/DebitCard> prior to making this election.c ☐ **paper check**.38 Amount to be **credited forward**. Subtract Line 36 from Line 35. See instructions.

38 .00

**Step 12: Amount You Owe**

39 If you have an amount on Line 31, add Lines 31 and 34. - or -

If you have an amount on Line 30 and this amount is less than Line 34, subtract Line 30 from Line 34. This is the **amount you owe**. See instructions.

39 .00

**Step 13: If this is a joint return, both you and your spouse must sign below.**

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here					(708) 571-4475
	Your signature	Date (mm/dd/yyyy)	Spouse's signature	Date (mm/dd/yyyy)	Daytime phone number
Paid Preparer Use Only	Print/Type paid preparer's name		Self-Prepared		<input type="checkbox"/> Check if self-employed
	Paid preparer's signature		Date (mm/dd/yyyy)		Paid Preparer's PTIN
	Firm's name	Firm's FEIN			
	Firm's address	Firm's phone		( )	
Third Party Designee	Designee's name (please print)		Designee's phone number		<input type="checkbox"/> Check if the Department may discuss this return with the third party designee shown in this step.

**Refer to the 2019 IL-1040 Instructions for the address to mail your return.**